MISSOURI STATE BOARD OF HEALTH Do not u militispace. PHYSICIANS should state BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No..... File No..... Primary Registration District No. Registered No statement of OCCUPATION (a) Residence, No... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurredce How long in U. S., if of foreign birth? EXACTLY mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) attended deceased from MARRIED, WIDOWED, OR HUSBAND OF (OR) WIFE OF have occurred on the date stated above. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: If LESS than i DAYS 7. AGE MONTHS day,hrs. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) dd be careful that it may l this occupation (month and spent in this Other contributory causes of imporoccupation... year).... (STATE OR COUNTRY) information shoul 8 in plain terms, What est confirmed diagnosi Was there an autopsy?..... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: Where did injury occur? (Specify city or town, county, and State) N. B.—Every item of CAUSE OF DEATH Specify whether injury occurred in industry, in home, or in public place. (ADDRESS) Manner of injury 18. BURIAL. Nature of injury..... 24. Was disease or injury in any If so, specify ..

